

61194

West Bengal Form No. 769

**M. J. N. (DISTRICT) HOSPITAL
COOCH BEHAR**

TICKET FOR EMERGENCY PATIENTS

Date of first visit.....

Name of the patient..... *Abinav Das*

Age..... *40* Sex..... *M* Religion..... Caste.....

Disease.....

DATE	TREATMENT
	<p><i>Dialysis</i></p> <p><i>J</i></p> <p><i>24/7</i></p>